

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18579
2517

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 42 years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				STREET ADDRESS (If rural, give location) 421 East 73rd Terr. 3918			
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Joseph		c. (Last) Cody, jr.		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1912		9. AGE (In years last birthday) 42 years If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner.-Dave Cody Boiler Repair		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Joseph Cody, sr.		13b. MOTHER'S MAIDEN NAME Elizabeth Feeney		14. NAME OF HUSBAND OR WIFE Mary Louise Cody			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-05-9608		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Louise Cody 421 E. 73rd Ter.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Isotonic Interstitial Nephroses</i></u> ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><i>Medication Cause (m.m.a.)</i></u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mds 57 h	
19a. DATE OF OPERATION 6/7/55		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u><i>5/21</i></u> , 19 <u><i>55</i></u> , to <u><i>6/12</i></u> , 19 <u><i>55</i></u> , that I last saw the deceased alive on <u><i>5/11</i></u> , 19 <u><i>55</i></u> , and that death occurred at <u><i>9:45 a.m.</i></u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u><i>D. J. Cutcliff M.D.</i></u>				23b. ADDRESS <u><i>1222 Mo Ave</i></u>		23c. DATE SIGNED <u><i>6/12/55</i></u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
DATE REC'D BY LOCAL REG. 6-13-55		REGISTRAR'S SIGNATURE <u><i>Neva Marshall</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
D. J. Cutcliff

DEC 30 1955

71. 2. 3 8 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Thomas L. ...

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.